

# Home Care Services Quarterly Webinar

October 26, 2018

# Objectives

- Updates
- Statistics
- Transfers
- Training
- IVR Overview

# Updates

# Updates

- Vacant caseload
  - The Officer of the Day (OD) will assist with questions
  - Hiring of new analysts in process
- Complaint Process
- HCA Renewals
  - Timely renewals are key!
- Reminders
  - Address Updates
    - HCOs must approved BEFORE changing locations
    - HCAs must submit HCS 105 with copy of photo ID to change address
      - HSC 1796.26(b)(1)(C) requires the Department to forfeit an HCA who fails to maintain a current mailing address
      - HSC 1796.28(a)(2) requires Registered HCAs and HCA applicants to notify the Department of any new mailing address in writing within 10 days of change
  - Use HCS 100 (HCA Application) with revision date of 1/18

# Statistics

# HCO and HCA Statistics

The below statistics are based on data from implementation to October 21, 2018:

## Home Care Organizations

- Applications Received: **1,950+**
- Pending Applications: **80+**
- Applications Denied: **25+**
- Currently Licensed: **1,500+**
- Conditional Licenses: **10+**
- Licensee Closures: **300+**
- HCO Renewals: **1,000+**
- Visits Completed: **1,500+**

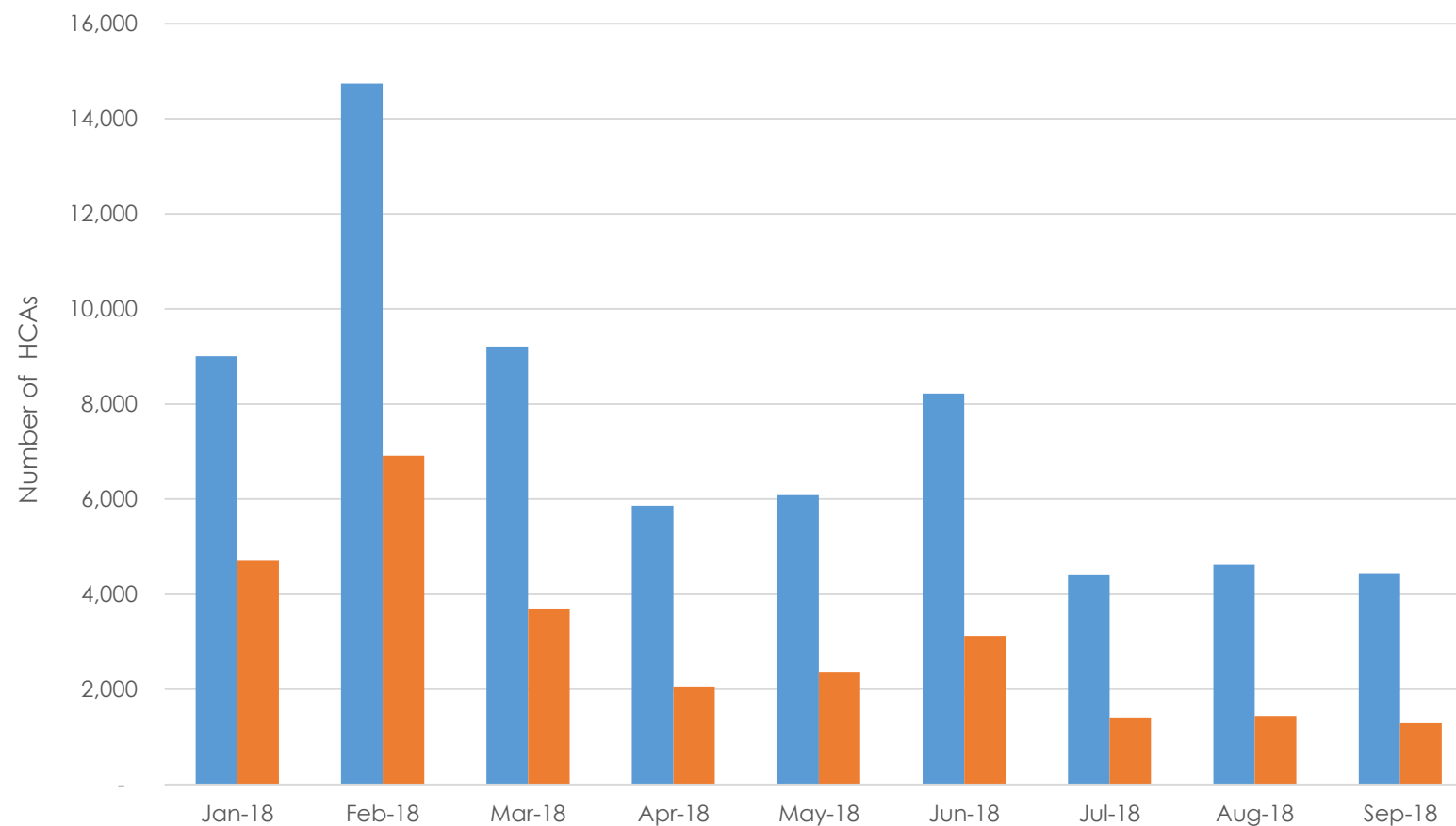
## Home Care Aides

- Applications Received: **182,000+**
- HCAs Pending: **4,900+**
- HCAs either Denied, Revoked, Closed, or Forfeited: **65,800+**
- Currently Registered: **111,300+**

# HCA Renewal Statistics



HCA Renewal Applications



	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18
Estimated Renewals	9,003	14,740	9,209	5,863	6,086	8,221	4,416	4,619	4,439
Renewed	4,700	6,915	3,680	2,057	2,352	3,123	1,405	1,434	1,287

# HCSB Phone Statistics

The below statistics are based on calls for 2018:

## Calls Routed to Staff

- 1<sup>st</sup> Quarter: **27,700+**
- 2<sup>nd</sup> Quarter: **25,100+**
- 3<sup>rd</sup> Quarter: **22,300+**
- 4<sup>th</sup> Quarter (to date): **6,300+**

## Calls Routed to IVR\*

- 1<sup>st</sup> Quarter: **9,200+**
- 2<sup>nd</sup> Quarter: **21,600+**
- 3<sup>rd</sup> Quarter: **19,100+**
- 4<sup>th</sup> Quarter (to date): **4,500+**

\* IVR implemented end of February 2018



# Transfers

# Clearance Transfers

- A Provider Information Notice (PIN) on the transfer process is in process to be sent out in November
- Only able to accept via mail or fax to HCSB: (916) 322-6310
- HCS 9183 may **only** be utilized for HCAs with straight clearances (no exemption required)
  - HCSB recommends sending one form to associate multiple individuals at one time vs. one form for each individual
- Transfers are only processed when complete
  - Must include copy of valid photo ID
  - Must have signature
  - Extra documents not required
- If incomplete, HCSB will **not** notify HCOs or process the transfer
- HCSB **cannot** process transfers for HCAs who have exemptions approved or in process

<http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/E-H>

- ## HOME CARE ORGANIZATION ASSOCIATION REQUEST

Please note: If this form is received for an individual with a criminal record exemption, the transfer will not be completed. To request an exemption transfer, please fax a completed LIC9188, LIC508, and copy of photo I.D. to the Caregiver Background Check Bureau at (916) 754-4589 for processing.

HOME CARE ORGANIZATION INFORMATION	
HOME CARE ORGANIZATION NAME	HOME CARE ORGANIZATION NUMBER
REPRESENTATIVE NAME	AREA CODE/TELEPHONE (       )

[illegible]

<p align="center"><b>I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.</b></p>	
<p>HOME CARE ORGANIZATION REPRESENTATIVE SIGNATURE</p>	<p>DATE</p>

# Exemption Transfers

- Only able to accept via mail or fax to CBCB: (916) 754-4589
- Transfers are only processed when complete
  - Must include valid photo ID
  - **MUST** include LIC 508
  - Must have signature
- CBCB **will only** process transfers on the LIC 9188 form
- HCSB does not forward exemption transfer to CBCB

# LIC 9188 (Exemption Transfers)

<http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/I-L>

- Required for exemptions
- Include copy of Photo IDs
- LIC 508 **required**
- Sign it!

## CRIMINAL RECORD EXEMPTION TRANSFER REQUEST

Active criminal record exemptions may be transferred from one state licensed facility/organization to another by a license applicant or licensee. The transfer must be approved by the Department before the individual who is the subject of the transfer has client contact or the facility/organization will be in violation of the law and subject to a \$100 civil penalty.

The license applicant or licensee who is seeking the exemption transfer must provide a LIC 508, and verify the individual's identity and include a copy of the person's driver's license, permanent resident card or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check form must be submitted if the exemption transfer is to a facility serving children and the individual has not previously submitted a CACI check form or the date of the previous CACI inquiry was made prior to January 1, 1999. The CACI check form must be mailed directly to the Department of Justice with the applicable fee.

This form may only be used to request an exemption transfer between state licensed facilities/organizations. To request a transfer between county and state licensed facilities, the requesting Licensing Agency must contact their county liaison.

PLEASE TYPE OR PRINT LEGIBLY		
PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE or ID #/PERMANENT RESIDENT ID (I-551):		DOB:
LICENSING INFORMATION SYSTEM ID #:		SSN: (OPTIONAL)
FROM THE FOLLOWING FACILITY/ORGANIZATION:		
NAME OF FACILITY/ORGANIZATION:		FACILITY/ORGANIZATION NUMBER:
STREET ADDRESS:		
CITY	STATE	ZIP CODE
TO THE FOLLOWING FACILITY/ORGANIZATION:		
NAME OF FACILITY/ORGANIZATION:		<b>Transferee Association Type</b> <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee <input type="checkbox"/> Affiliated Home Care Aide
FACILITY/ORGANIZATION NUMBER:	DATE OF EMPLOYMENT:	
STREET ADDRESS:		
CITY	STATE	
ZIP CODE		
I certify I have verified the above individual's identity and have enclosed a copy of the individual's LIC 508 and photo I.D.		Title (licensee, administrator, director)
Signature		
FOR DISTRICT OFFICE USE ONLY		
DATE OF EXEMPTION TRANSFER ENTRY:		INITIAL OF PERSON ENTERING TRANSFER:

# Disassociations

- Any notification in writing
- HCSB will only process disassociations for HCAs who are **not** pending an exemption or pending an exemption transfer
- If an HCA is pending an exemption or an exemption transfer, CBCB will need to process the request
  - Please mail or fax to CBCB: (916) 754-4589

<http://www.cdss.ca.gov/inforesources/Forms-Brochures/Forms-Alphabetic-List/E-H>

- ## HOME CARE ORGANIZATION **DISASSOCIATION** REQUEST

The Home Care Organization (HCO) Disassociation Request may only be used to request the disassociation of a home care aide or an employee from your HCO. Please fax this form to (916) 322-6310 or mail to: California Department of Social Services, Home Care Services Bureau, 744 P Street, MS T8-3-90, Sacramento, CA 95814.

HOME CARE ORGANIZATION INFORMATION	
HOME CARE ORGANIZATION NAME	HOME CARE ORGANIZATION NUMBER
REPRESENTATIVE NAME	AREA CODE/TELEPHONE (       )

[illegible]

<p align="center"><b>I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE.</b></p>	
<p>HOME CARE ORGANIZATION REPRESENTATIVE SIGNATURE</p>	<p>DATE</p>

# Training



# Training

- Depending on hire date and training date, training may be transferred between organizations (HCO to HCO).
  - New/hiring HCO must have all the information needed to complete the training log and the HCA must provide proof of completion (a certificate, a sign in sheet, etc.).
- At a minimum, training must include statutorily required topics; however, it may include other topics as well.

# Training

## Entry Level

### **2 hours must include:**

- Orientation from the HCO

### **3 hours must include:**

- Standard Precautions
- Infection Control
- Emergency Procedures

**Can also cover additional topics!**

Entry Level Training has to be completed before contact with clients.

## Year 1 Annual Training

### **At a minimum, the 5 hours must include:**

- Client's Rights & Safety
- Providing for and responding to client's needs
- Reporting detecting, preventing abuse and neglect
- Assisting clients with personal hygiene & other home care services
- How to properly transport a client

**Can also cover additional topics!**

Annual Training has to be completed after the HCA is hired and within each year (from hire date) and include all 5 topics above but can include other topics as well.

## Year 2 Annual Training

### **At a minimum, the 5 hours must include**

- Client's Rights & Safety
- Providing for and responding to client's needs
- Reporting detecting, preventing abuse and neglect
- Assisting clients with personal hygiene & other home care services
- How to properly transport a client

**Additional topics are encouraged!**

# Interactive Voice Response (IVR) Overview

# IVR Overview

- IVR allows callers to get PER ID and Registration status over the phone
  - Obtain PER ID press or say Two (2)
    - To get a PER ID you need **Social Security Number** and **Date of Birth** of the HCA/Employee **OR** **Driver's License** and **Date of Birth**
  - HCA registration status press or say Three (3)
    - Please say or enter PER ID. If you don't know the PER ID, press three (3) to return and press two (2) to get PER ID
- For your convenience, you may utilize the call-back feature
  - Once in queue, the IVR will offer the option of a call back
    - Enter the phone number you would like a return call to and confirm (once prompted)
    - Wait for our call!
- IVR Phase II
  - Will allow for associations/disassociations via the phone (clearances only)
  - Estimated 2019

# References

- Home Care Services Bureau  
<http://www.cdss.ca.gov/inforesources/Community-Care/Home-Care-Services>
- Caregiver Background Check Bureau  
<http://www.cdss.ca.gov/inforesources/Community-Care/Caregiver-Background-Check/Background-Check-Process>
- Health and Safety Code  
[http://leginfo.legislature.ca.gov/faces/codes\\_displayexpandedbranch.xhtml](http://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml)
- Regulations  
<http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Home-Care-Services-Consumer-Protection>

# Contact Us

For more information regarding the Home Care Services Consumer Protection Act, please contact the Home Care Services Bureau by e-mail at [HCSB@dss.ca.gov](mailto:HCSB@dss.ca.gov) or by telephone at (877) 424-5778.